

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b. Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services
42 CFR Item 4.b.(contd.)
447.304

447.200-205 II. The following services that are not otherwise covered under the Louisiana State
and Section Plan will be reimbursed when provided to an EPSDT recipient:
1905(r)(5) of
the Act A. Hospice Services

Hospice care will be reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter IV, Sections 4305 and 4307.

B. Personal Care Services

Personal Care (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by BHSF. The initial maximum rate was set using the Federal minimum hourly wage as of April 1, 1995, plus 22% fringe benefits (insurance, workmen's compensation, unemployment insurance, etc.) plus 24% for agency administrative and operating costs, plus a profit factor of 4% of the above-calculated rate. The 22% and 24% are the same as the Bureau of Health Service Financing's administrative cost ratios. The maximum rate will be adjusted by any change in the Federal minimum hourly wage.

NOTE: Christian Science Nurses:
Christian Science nurses are not licensed to practice in the State.

Christian Science Sanatoria:
There are no Christian Science Sanatoria facilities in the State.

STATE	LA	A
DATE REC'D	12-23-97	
DATE APV'D	3-17-98	
DATE E.D.	10-21-97	
HCFA 179	97-24	

TN# 97-24 Approval Date 3-17-98 Effective Date 10-21-97 Supersedes
TN# 95-51

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b. Page 3

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services
42 CFR Item 4.b.(contd.)
447.200- 205

Reimbursement is only for manual manipulation of the spine (procedure codes 97260 and 97261) and is at the same rate as physicians for these services.

Reimbursement is made at the lower of:

1. the provider's billed charge for the services or
2. the maximum allowable fee for these services covered under the Bureau's provider reimbursement fee schedule.

NOTE: Christian Science Nurses:
Christian Science nurses are not licensed to practice in the State.

Christian Science Sanatoria:
There are no Christian Science Sanatoria facilities in the State.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-26-95</u>	
DATE APP'VD <u>01-31-96</u>	
DATE EFF <u>12-01-95</u>	
HCFA 179 <u>95-51</u>	

TN# 95-51 Approval Date 01/31/96 Effective Date 12/01/95
Supersedes
TN# 95-41

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19 b
Item 4c

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation

Medical and Remedial
Care and Services

Item 4.c. (

Family Planning Services and supplies for
individuals of child bearing age are re-
imbursed as follows:

I. Method of Payment

Physician Service (See Medical and Remedial
Care and Services Item 5).

Prescribed Drugs (See Medical and Remedial
Care and Services Item 12.a.)

Prescribed Medical Supplies and Materials
(See Medical and Remedial Care and Services
Item 12.c.)

II. Standards for Payment

Physician Services (See Medical and Remedial
Care and Services Item 5).

Prescribed Drugs (See Medical and Remedial
Care and Services Item 12.a.)

Prescribed Medical Supplies and Materials
(See Medical and Remedial Care and Services
Item 12.c.)

APR 22 1974

La

1/1/74

74-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B
Item 5
Page 1

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR
SERVICE LISTED IN SECTION 1902 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM
UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Clinic Services
42 CFR Care and Services are reimbursed as follows:
447.201 Item 5

STATE	<u>LA</u>
DATE REC'D	<u>(Other than hospitals) 3-3-87</u>
DATE APPLD	<u>5-4-87</u>
DATE EFF	<u>2-1-87</u>
HCFA 179	<u>87-9</u>

A

I. Method of Payment

Effective February 1, 1987, the Louisiana Medical Assistance Program began implementation of a statewide flat fee-for-service reimbursement methodology for services provided by physicians, osteopaths, optometrists, dentists, and nurse-midwives. In order to determine flat-fee amounts, we compared billed charges, maximum allowable prices on file, and average amounts paid for the full service aspect of all payable CPT procedure codes for calendar year 1984. This review was conducted by Medical Assistance Program staff and consultant physicians. Prices for full service were adjusted only when the maximum allowable payment for a given procedure was found to be out of line with the difficulty of the procedure. Other types of service prices were calculated using the same percentage formula as that used by Medicare (20% of full service for assistant surgeon, 40% of full service for professional component only). For services added as newly payable, Medicare state-wide prevailing fees were obtained and reduced by 30%. For items of care, service and procedure not covered by Medicare Part B, and no reasonable charges were set by the Medicare contractor, prices were based on review of statewide billed charges for that service in comparison with set charges for similar services or, if no similar services, based upon consultant physicians' review and recommendations of reasonable charges. National Medicare Laboratory Fee Schedules were adopted for those laboratory services covered by the Fee Schedule.

Changes in the established flat rate which are found to be necessary for any item of care, service or procedure shall be reviewed as follows:

The Medical Assistance Program shall review and make changes based on statewide billed charges for that service in comparison with set charges for similar services, and consultant physicians' review and recommendations of reasonable charges.

For items of care, service and procedure that do not have charges set by the Medicare contractor, the Medical Assistance Program shall make changes based upon review of statewide billed charges for that service in comparison with set charges for similar services or, if no similar services, based upon consultant physician' review and recommendations of reasonable charges.

The reimbursement fee for items of care, services and procedures then becomes the maximum allowable payable under the Medical assistance Program.

- (a) Each item of care service and procedure has assigned to it a Health Care Procedure Code (HCPC). For each HCPC a maximum reimbursement (flat-fee) is assigned and automated payment is made based on the flat-fee amount assigned to each HCPC, not to exceed billed charges.

TN# 87-9 Approval Date 5-4-87 Effective Date 2-7-87
Supersedes
TN# 78-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 5, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	Reimbursement for certain bilateral procedures listed
42 CFR	Care and Services	in the Professional Services Provider Manual shall
447.201	Item 5 (cont'd)	be at 150% of the fee on the Physician's Formulary
		File when performed bilaterally.

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.

A. Payment for Physician Services for recipients eligible for Title XVIII-Part B.

Title XVIII-B provides for payment per calendar year for physician services for a Medicare eligible in the amount of 80% of the physician's reasonable usual and customary charge after the annual deductible is met. The Medicaid Program pays for Medicare covered services in accordance with the limitations set forth in Section 3.2 and Attachment of the Plan.

B. Recipients not Eligible for Title XVIII Part B.

Payment for physician services for recipients not covered under Title XVIII Part B will be made subject to flat fee limitations or billed charges whichever is lower and subject to service limitations.

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-30-96</u>	
DATE APP'D <u>10-17-96</u>	
DATE EFF <u>07-10-96</u>	
HCFA 177 <u>96-21</u>	

TN# 96-21 Approval Date 10/12/96 Effective Date 07/10/96
Supersedes
TN# 87-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B

Item 5

Page 3

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation Medical and Remedial
42 CFR 440.50 Care and Services
 Item 5. (cont.)

II. Standards for Payment

A. Physician Services

Only the services of doctors of medicine or osteopathy who are licensed as physicians by the State Board of Medical Examiners are reimbursed.

B. Teaching Physicians

Reimbursement is available to the teaching physician who meets the following minimum conditions as an "attending physician".

- (1) Review the patient's history, record of examinations and the tests in the institution, and make frequent reviews of the patient's progress; and
- (2) Personally examine the patient; and
- (3) Confirm or revise the diagnosis and determine the course of treatment to be followed; and
- (4) Either perform the physician's services required by the patient or supervise the treatment so as to assure that appropriate services are provided by interns, residents or others that the care meets a proper quality level.

STATE	<u>LA</u>
DATE REC'D	<u>3-31-87</u>
DATE APPV'D	<u>5-4-87</u>
DATE EFF	<u>2-1-87</u>
HCFA 179	<u>87-9</u>

TN# 87-9

supersedes

TN# 78-13

Approval Date 5-4-87

Effective Date 2-1-87

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR 450.30;

Medical and Remedial
Care and Services
Item 5. (cont.)

(5) Be present and ready to perform any service performed by an attending physician in a non-teaching setting when a major surgical procedure or a complex or dangerous medical procedure is performed for a physician to be an "attending physician" his attendance as an attending physician must be necessary (not superfluous as where, for example, the resident performing the procedure is fully qualified to do so) from a medical standpoint; and

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-26-78</u>	
DATE APPV'D <u>JUL 31 1978</u>	
PCO-11 <u>78-13</u>	

(6) Be recognized by the patient as his personal physician and be personally responsible for the continuity of the patient's care, at least throughout the period of hospitalization.

To be the "attending physician" for a portion of a patient's hospital stay. A teaching physician may be held to be the attending physician for a portion of a patient's hospital stay:

(1) If the portion is a distinct segment of the patient's course of treatment (e.g., the pre-operative or post-operative period) and of sufficient duration to impose on the physician a substantial responsibility for the continuity of the patient's care; and

(2) If the physician, as a minimum, performs all of the activities described above with respect to that portion of the stay and if the physician is recognized as the patient's physician fully responsible for that part of the stay. If a teaching physician is not found to be the attending physician with respect to a portion of a patient's stay, he may not be reimbursed for any service provided to the patient for that portion of the stay unless it is an identifiable service that he personally rendered to the patient.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

CITATION

42 CFR447.341 Medical and Remedial
Care and Services
Item 5. (cont.)

In these situations reimbursement for the combined segments of patient care may not exceed the rate set for that physician had he/she been the attending physician for the entire service.

C. Physician Services for Abortions

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgement, the life of the mother would be endangered if the fetus were carried to term.

D. Physician Services for Non-Therapeutic Sterilization.

Payment on the basis of reasonable charges is made for non-therapeutic (elective) sterilization. This is defined as medical procedures which are performed for the sole or primary purpose of rendering an individual incapable of reproducing. The reason for which the individual (male or female) decides to take permanent and irreversible steps to prevent reproduction for the purposes of family size limitations is irrelevant. It may be for social, economic or psychological reasons or because a pregnancy would be inadvisable for medical reasons. All procedures which meet the above definition are subject to the following requirements:

TN # 82-11

Approval
Date APR 9 1982

Effective
Date 3/2/82

Supersedes

TN # 80-5

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

CITATION

42 CFR 450.30:

Medical and Remedial
Care and Services
Item 5. (cont.)

(1) Recipients Eligible for Payment

- (a) The patient must be at least 21 years of age.
- (b) The patient must be mentally competent. At the present time, for the purpose of Federal Financial Participation, a mentally retarded individual can be considered legally incompetent only if he has been found to be so by a court of competent jurisdiction or if he is so identified by virtue of a provision of state law.
- (c) The patient must have signed a consent form which meets all the requirements for sterilization.
- (d) The consent form must be signed at least 72 hours prior to the surgery.

(2) Requirements for Sterilization Procedures - Informed Consent

All eligible persons requesting non-therapeutic sterilization shall be afforded:

- (a) A fair explanation of the procedure to be followed;
- (b) A description of the attendant discomforts and risks;
- (c) Counseling concerning appropriate alternative methods; and the effect and impact of the proposed sterilization including the fact that it must be considered to be an irreversible procedure;
- (d) An offer to answer any inquiries concerning the procedure; and
- (e) An instruction that the individual is free to withhold or withdraw his or her consent to the procedure at any time prior to the sterilization without prejudicing his or her future care and without loss of other project or program benefits to which the patient might otherwise be eligible.

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-26-78</u>	
DATE APPV'D <u>JUL 31 1978</u>	
PCO-11 <u>78-13</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B
Item 5., page 7

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

CITATION

42 CFR 450.30:

Medical and Remedial
Care and Services
Item 5. (cont.)

(3) Provision for Written Consent

The patient shall be given a written consent document, by the physician or clinic detailing all of the basic elements of informed consent. Each consent document shall display the following legend printed prominently at the top:

"NOTICE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects."

STATE	<u>Louisiana</u>
DATE REC'D	<u>6-26-78</u>
DATE APPV'D	<u>JUL 31 1978</u>
PCO-11	<u>18-13</u>

A